



## ***ELITE MALE NOTIFICATION OF TRY-OUT FORM***

*For U18 AAA, U16 AAA and U15 AAA only*

This completed form must be presented to the team that a player is trying out for first, before they are eligible to participate in their tryout camp. It is understood by all parties that should the player be chosen as a member of the designated team; the Elite Team will notify the League and the player's Resident MHA. If the player does not make the Elite Team, it is the player's responsibility to notify their Resident MHA whether or not they are returning or accessing an additional tryout.

**To access a second (or third) tryout, players will have seven (7) days from the date of being released from their first (or second) tryout to contact and arrange a tryout with a second (or third) Elite Male team. Players that cannot or choose not to arrange a second (or third) tryout within seven (7) days of being released will return to their resident MHA to obtain permission to tryout for an "AA" program.**

### **PLAYER INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) Legal Land Description: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Respect in Sport Certificate #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Resident MHA: \_\_\_\_\_

### **TRY-OUT INFORMATION**

Level of Hockey:       U18 AAA       U16 AAA       U15 AAA

Name of Team: \_\_\_\_\_       Selected       Cut

**Note: Players released from a first (or second) tryout will require an Elite Waiver Form in order to arrange a second (or third) tryout. If accepted on a second (or third) tryout, it will be the responsibility of the accepting team host MHA to submit for approval of the second (or third) tryout with Hockey Alberta. Only once approved by Hockey Alberta will a player be able to participate in the second (or third) tryout.**

### **AUTHORIZATION SIGNATURES**

|                                    |                  |             |
|------------------------------------|------------------|-------------|
| _____                              | _____            | _____       |
| <i>Parent Name</i>                 | <i>Signature</i> | <i>Date</i> |
| _____                              | _____            | _____       |
| <i>Resident MHA President Name</i> | <i>Signature</i> | <i>Date</i> |